

## BUSINESS TAX CERTIFICATES

The County will still issue business tax receipts in the Town of Grant-Valkaria; however, applicants will need to complete the Town of Grant-Valkaria business tax certificate, submit appropriate paperwork to the Town and designated staff will sign off on the application. A copy of the signed application will be taken to the Brevard County Tax Collectors office for issuance of a business tax receipt. The applicant will not be issued a business tax receipt in the Town of Grant-Valkaria unless the Tax Collector receives a copy of one of the Town's signed forms.

The following are needed for the issuance of a business tax certificate:

- 1) Each applicant must complete the business tax certificate application.
- 2) Must have a copy of business owner's driver license.
- 3) If this is a home business, the applicant must provide documentation such as a copy of the deed to the property, a letter from the owner of record consenting to the applicant's proposed business on the owner's property, and copies of lease agreements, contracts or other pertinent data. If the applicant is a seasonal resident, an additional document verifying residency can be a copy of their electric bill with their name on it. Staff may verify the authenticity of all documents.
- 4) If license classification is regulated by the State of Florida or Brevard County a copy of state license, state certification or Brevard County competency card must be provided.
- 5) Must have a copy of the letter issued by the Division of Corporation confirming that the business has filed a fictitious name and/or registered its corporation unless exempt for the following reasons: business name is first and last name of owner, owner is a licensed professional, owner is an attorney, business is a corporation.
- 6) After submitting the above stated documents, Town Administrator or Town Clerk will review for compliance with codes.
- 7) A copy of the signed business tax certificate must be taken or mailed to the County Tax Collector for issuance of a business tax receipt.

**Office Locations for BTR Renewal:**

1. **Merritt Island:** 1605 N. Courtenay Parkway, Merritt Island, FL. 32953
2. **Titusville:** North Brevard Service Complex 800 Park Ave, Titusville, FL. 32780
3. **Melbourne:** 1515 Sarno Road Melbourne, FL. 32935
4. **Indian Harbour Beach:** 240 E. Eau Gallie Blvd. Indian Harbour Beach, FL. 32937
5. **Palm Bay:** 450 Cogan Drive SE Palm Bay, FL. 32909
6. **Viera:** 2725 Judge Jamieson Way Building A108 Viera, FL. 32940

**For New BTR Account Or To Make Changes to an Existing Account:**

1. Government Center North: 400 South Street Titusville, FL. 32780



**Town of Grant-Valkaria,  
Florida**

1449 Valkaria Road, Grant Valkaria, Florida 32950

Website: [www.grantvalkaria.org](http://www.grantvalkaria.org)

Phone: (321) 951-1380  
Fax: (321) 956-5660  
Email: [clerk@grantvalkaria.org](mailto:clerk@grantvalkaria.org)

**BUSINESS TAX CERTIFICATE APPLICATION**

**\* PLEASE TYPE OR PRINT ALL INFORMATION \***

CIRCLE ONE:            NEW    RELOCATION    CHANGE OWNER    CHANGE BUSINESS NAME

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email/Web: \_\_\_\_\_

Business Description in Detail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Manager's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Manager's Home Phone: \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ I have registered the above business name as a corporation with the State of Florida. (attach copy)

\_\_\_\_\_ I have filed the above business as a fictitious name with the State of Florida. (attach copy)

\_\_\_\_\_ I am exempt from filing a fictitious name with the State of Florida for one of the following

reasons:            \_\_\_\_\_ Business name is first and last name of owner

                          \_\_\_\_\_ I am a licensed professional

                          \_\_\_\_\_ I am an attorney

                          \_\_\_\_\_ Business is a corporation

Business Owner's Full Name: \_\_\_\_\_

Florida Driver's License Number: \_\_\_\_\_ (Attach copy)

Owner's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Home Phone: \_\_\_\_\_

Federal Tax ID No. or Social Security No. \_\_\_\_\_

(As per FSS 205.0535)

**Qualifier for owner if license classification is regulated by the State of Florida:**

(Attach a copy of your state license or state certification)

State license number: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Florida Driver's License Number: \_\_\_\_\_

Is business licensed in any other Florida cities? Yes/No

If so, list complete names and addresses: \_\_\_\_\_

Have you ever had a license for the business herein described which has been revoked? Yes/No

Have you ever been denied a license? If so, explain: \_\_\_\_\_

Have you, the applicant, or any partner or officer of the business ever been convicted of a felony? Yes/No

**Property Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**List your bank:**

Bank: \_\_\_\_\_

**List two personal references:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you have an alarm system? Yes/No

I hereby declare the preceding statements to be true and correct to the best of my knowledge and belief. I will comply with all Town of Grant-Valkaria Town Code. If operating a home business, I certify that I have received a copy of the home occupations rules and regulations as it pertains to Grant-Valkaria.

\_\_\_\_\_  
Signature of Owner of Business (or qualified corporate officer)

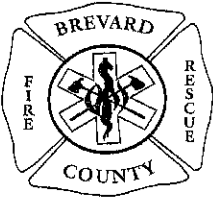
\_\_\_\_\_  
Date Signed

.....  
DO NOT WRITE BELOW THIS LINE

**TOWN OF GRANT-VALKARIA APPROVAL:**

Town Administrator OR Town Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_



**BREVARD COUNTY FIRE RESCUE FIRE PREVENTION BUREAU**

2725 Judge Fran Jamieson Way Ste. A-108, Viera, FL 32940

Ph: 321-637-5660 Fax: 321-633-2109

**BUSINESS INFORMATION SHEET**

(BUSINESS REPRESENTATIVE \* Please complete ALL fields in bordered area. PLEASE print clearly.)

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Business phone#: ( ) \_\_\_\_\_

Billing address: \_\_\_\_\_

(if different from physical address) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email for Inspection Report \_\_\_\_\_

Business owner: \_\_\_\_\_

Building owner: \_\_\_\_\_

Owner address (not business address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ phone#: ( ) \_\_\_\_\_

24 Hours Emergency Contact: \_\_\_\_\_

Contact phone #'s ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

24 Hours Emergency Contact: \_\_\_\_\_

Contact phone #'s ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Square Footage \_\_\_\_\_

Please fax to inspector at: 321-633-2109

**INSPECTOR: #26 Bergmann**